



BRIEF

# The Critical Importance of Sexual and Reproductive Healthcare During Emergency Settings: Recommendations for the U.S. Government and Global Humanitarian Organizations

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## Introduction

In emergency settings, such as the armed conflict in Ukraine, the COVID-19 global pandemic, and climate-related natural disasters, access to sexual and reproductive health services are frequently disrupted or rendered nonexistent. Disruptions, restrictions, or lack of access can result in poorer health outcomes. Studies have shown that, during humanitarian crises, there is a rise in the rates of unintended pregnancies, unsafe abortions, sexually transmitted infections, pregnancy and obstetric complications, miscarriage, stillbirth, and maternal and newborn mortality.<sup>1</sup> The worsening of sexual and reproductive health (SRH) outcomes can stem from several factors: a decrease in availability of and access to quality SRH, changes in people's health-seeking behaviors, and a direct impact of certain viruses on pregnancy outcomes.<sup>2</sup> Various emergency settings have demonstrated that in times of crisis, health resources are concentrated toward the emergency, which leads to a reduction in resources allocated to SRH and preventative SRH education programs.<sup>3</sup> The people least protected — refugees, displaced persons, conflict-affected populations, indigenous peoples, people in low-income settings — are likely to experience compounded difficulties in accessing quality SRH during a crisis.

This brief will cover the impacts of emergencies on sexual and reproductive health services, the effects of service disruptions, and provide recommendations on best practices to mitigate them in the future.

## The COVID-19 Pandemic

The pandemic had significant impacts on access to sexual and reproductive health and rights (SRHR) services. As a result of the pandemic, many countries saw disruptions in accessing family planning services and contraception, antenatal care, SRHR services responding to gender-based violence, and postnatal care for women and newborns.<sup>4</sup> These service disruptions can have serious negative consequences. For example, due to COVID-19-related service reductions from March 2020 – August 2020, there were an estimated 1.3 million unintended pregnancies, 1.2 million unsafe abortions, and 5,000 pregnancy-related deaths.<sup>5</sup> Increases in unintended pregnancies cause an increased demand for abortions. Meanwhile, restrictions on access to health facilities as a result of the pandemic could lead to an increase in unsafe abortions.<sup>6</sup> Studies suggest that abortion was considered a nonessential service in a number of countries during COVID-19 related lockdowns, meaning that an estimated 10% of women who would normally have access to safe abortion instead resorted to an unsafe method — leading to approximately 3.3 million additional unsafe abortions in low- and middle-

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income countries (LMICs) within a year and an additional 1,000 maternal deaths in 2020 as a result of the pandemic.<sup>7</sup>

Not only was access to health services impacted as a result of the COVID-19 pandemic, but so was access to menstrual hygiene products<sup>8</sup> and contraceptives.<sup>9</sup> Some of this was a result of economic hardship and a lack of access to menstrual or family planning products, but was also as a result of supply chain disruptions due to lockdowns that slowed or stopped production of large manufacturers.<sup>10</sup> Together with quarantine measures and mobility restrictions, the diversion of health resources caused a broader disruption of family planning needs — including counseling on healthy timing and spacing between pregnancies.

It is important to note that SRHR service disruptions, as a result of public health emergencies, are not limited to the COVID-19 global pandemic. Previous public health crises show that epidemics can cause serious and long-lasting impacts on SRH access and outcomes, with reduced access to family planning, contraception, safe abortion, post-abortion care, HIV treatment, antenatal care, and postnatal care.<sup>11</sup>

## Climate-Related Natural Disasters

Natural disasters and climate-related events, such as extreme weather events, droughts, and floods can also negatively impact sexual and reproductive health access,<sup>12</sup> including decreased access and use of SRH services. They have often resulted in lower uses of family planning, particularly methods requiring facility-based interaction.<sup>13</sup> Climate-related natural disasters can cause damage to physical infrastructure and health facilities, which disrupts access to sexual and reproductive health care. Other disruptions, such as with supply chains, can immediately impact access to and quality of SRH services, including emergency contraceptives and safe abortion services.<sup>14</sup> Understanding the impacts of climate and natural disasters on women and gender equality is important to ensuring strategies and policies are gender inclusive.



## War and Armed Conflict

Sexual and reproductive health services should not be forgotten during war and conflict. Conflict has dire consequences including increased risks of sexual violence, human trafficking, and forced marriage,<sup>15</sup> which can result in increased needs for access to sexual and reproductive health and rights (SRHR) — at a time when supply chains are compromised, limiting access to contraceptives and services.<sup>16</sup>

War and conflict subject populations to highly-vulnerable situations, and the safety and wellbeing of women and girls specifically are at risk.<sup>17</sup> In Ukraine, military attacks on critical infrastructure, including hospitals, have led to major disruptions to health systems. The war has displaced thousands of Ukrainians who are now refugees in neighboring countries. According to research, various challenges and gaps in access to SRHR exist for Ukrainian refugees.<sup>18</sup>

For refugees, various factors have been identified as barriers to accessing sexual and reproductive healthcare which can increase the risk of maternal mortality and morbidity:



Restrictive laws on abortion and emergency contraception



High cost of some forms of SRH



Language barriers, and other difficulties navigating complex foreign health system requirements



Lack of robust health-system protocols for certain forms of SRH



Long-standing delays in access to specialised care in gynaecology and obstetrics



Lack of cooperation between the public health system and civil society support structures



Weak protection frameworks for certain groups<sup>19</sup>

Furthermore, depending on which country refugees resettle in, their access to services may differ greatly. For example, Poland, Hungary, Slovakia, and Romania have varying restrictions on access to abortion and contraceptives.<sup>20</sup> Moldova, however, has guaranteed access to free comprehensive sexual and reproductive health services for Ukrainians due to an agreement with the United Nations Population Fund (UNFPA).<sup>21, 22</sup>

The United States — the largest single-country donor of humanitarian assistance to Ukraine — has included aid through the U.S. Agency for International Development (USAID) and the U.S. Department of State to provide emergency healthcare.<sup>23</sup> Additionally, the European Union has enacted legislation requiring all Member States to provide emergency health care and essential treatments to refugees from Ukraine. A challenge is that not all countries classify SRHR services as “essential services”<sup>24</sup> or “healthcare” and due to policy restrictions, may not be able to provide access to abortion care through their healthcare response services.

## Recommendations for the U.S. Government and Global Humanitarian Organizations

Various steps should be taken to mitigate the harms of disrupted access to sexual and reproductive healthcare and services as a result of emergency settings and prolonged crises, and to proactively prepare and respond to future issues.

- USAID, the U.S. Department of State, and U.S. Department of Health and Human Services should ensure that the full range of SRHR services are included in and recognized as essential health services — as defined by the World Health Organization (WHO).<sup>25</sup>
- Humanitarian agencies should ensure that SRHR is prioritized across humanitarian and refugee responses, and that effective, concrete action is taken to address and remove restrictions and barriers to access to comprehensive SRHR, including time-sensitive and essential care.<sup>26</sup>
- USAID and the Department of State should prioritize SRHR in disaster response plans and humanitarian responses.
- Individuals disproportionately impacted by the effects of natural disasters and crises should be represented and centered in policy spaces.<sup>27</sup>
- USAID, the Centers for Disease Control and Prevention, and other federal agencies should implement integrated and intersectional approaches to address gender equality and SRHR in COVID-19 response and recovery, and future pandemic-prevention plans and actions.<sup>28</sup>
- Accountability measures through international forums and intergovernmental bodies should be strengthened to ensure that international human rights and humanitarian laws are upheld in times of armed conflict as they relate to sexual and reproductive health, rights, and justice.<sup>29</sup>

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**ENDNOTES**

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